



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: José Rafael GARZA ALVAREZ
Title: INTRAGASTRIC BALLOON ASSEMBLY
Prior Appl. No.: PCT/MX01/00039
Prior Appl. Filing Date: 06/21/2001
Examiner: Unassigned
Art Unit: Unassigned

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☐ Division ☒ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Application Data Sheet (37 CFR 1.76) (2 pages).
- ☒ Declaration and Power of Attorney (3 pages).
- ☒ Specification, Claim(s), and Abstract (24 pages).
- ☒ Formal drawings (11 sheets, Figures 1-15).
- ☒ Claim for Convention Priority (1 page).



- ☒ [X] Certified Copy of Mexico Patent Application No. PA/u/2001/000069 (29 pages).
- ☒ [X] Information Disclosure Statement (3 pages).
- ☒ [X] Form PTO/SB/08 (1 page) with copies of 2 listed foreign patent documents.
- ☒ [X] Copy of published International Application WO 02/071951 A1 (16 pages).
- ☒ [X] Copy of Written Opinion from International Application PCT/MX01/00039 (7 pages).
- ☒ [X] Copy of International Preliminary Examination Report from International Application PCT/MX01/00039 (20 pages).

The filing fee is calculated below:


	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total	40	- 20	= 20	x \$18.00	= \$360.00
Claims:					
Independent	2	- 3	= 0	x \$84.00	= \$0.00
ts:					
If any Multiple Dependent Claim(s) present:			+	\$280.00	= \$280.00
				SUBTOTAL:	= \$1390.00
[X] Small Entity Fees Apply (subtract ½ of above):					= \$695.00
				TOTAL FILING FEE:	= \$695.00

- ☒ [X] A check in the amount of \$695.00 to cover the filing fee is enclosed.
- ☒ [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 8, 2003

By 

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